

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

662

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

4

1. PLACE OF DEATH A. COUNTY <i>Safford</i>	2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <i>Ariz</i> B. COUNTY <i>Graham</i>	
	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <i>Safford, Rural</i>	
	D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>6 yrs. 6 mos.</i>	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>DAVID</i> B. (MIDDLE) <i>HENRY</i> C. (LAST) <i>ELMER</i>	4. SEX <i>M.</i>	5. COLOR OR RACE <i>W.</i>
6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <i>March</i> DAY <i>18</i> YEAR <i>1885</i>	8. AGE YEARS <i>64</i> MONTHS <i>10</i> DAYS <i>10</i>
9. KIND OF BUSINESS OR INDUSTRY <i>Gas Station</i>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Ariz</i>	11. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>No</i>	13. SOCIAL SECURITY NO. <i>No.</i>	
14A. FATHER'S NAME <i>Ira Elmer</i>	14B. BIRTHPLACE (STATE OR COUNTRY) <i>Nevada</i>	15A. MOTHER'S MAIDEN NAME <i>Sarah, Height</i>
16. INFORMANT'S SIGNATURE <i>Kenneth Blair</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>Jan 9 - 1950</i>

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Right heart decompensation</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs.</i> <i>3 1/2 yrs.</i> <i>4-5 yrs.</i>
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <i>Renal insufficiency</i>		
	DUE TO (c) <i>Hypertension</i>		
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN) (SEC) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>September 1948</i> TO <i>January 1950</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>1-9-50</i> AND THAT DEATH OCCURRED AT <i>11:45</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.	23A. SIGNATURE (DEGREE OR TITLE) <i>Kenneth Blair, M.D.</i>	23B. ADDRESS <i>Safford Arizona</i>	23C. DATE SIGNED <i>1-13-50</i>
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24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <i>1/12/50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Thatcher</i>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Thatcher Ariz</i>
25A. DATE REC'D BY LOCAL REG. <i>Feb 9, 1950</i>	25B. REGISTRAR'S SIGNATURE <i>A. S. Strickton</i>	26. FUNERAL DIRECTOR'S SIGNATURE <i>W. C. Rawson</i> ADDRESS <i>Safford</i>	27. EMBALMER'S SIGNATURE <i>W. C. Rawson</i> CERT. NO. <i>1160</i>